



2024 PUBLIC MEMBERSHIP FORM

Public Membership: \$73.45 (\$65 + tax)

CONTACT NAME: _____

SUMMER CONTACT INFO:

Address: _____
Mailing Address: _____
City/Town: _____
Province: _____
Postal Code: _____
Telephone: _____
Fax: _____
Toll Free: _____
E-mail: _____
Website: _____

WINTER CONTACT INFO:

Address: _____
Mailing Address: _____
City/Town: _____
Province: _____
Postal Code: _____
Telephone: _____
Fax: _____
Toll Free: _____
E-mail: _____

To help us service our members better, please tell us why you are joining NOTO as a public member and what we can do to make your membership worthwhile:

PAYMENT:

Visa Mastercard Amexpress Cheque

Credit Card Number: _____ Expiry Date: _____
Name of Cardholder: _____ Security # (CVV): _____
Date to be Processed: _____ Amount: _____

Please send completed forms to kate@noto.net or laurie@noto.net, or mail to the address listed on the top right corner.

THANK YOU FOR YOUR SUPPORT!